



SELF-ASSESSMENT MANUAL

APRIL 2004



Early On® Michigan

Self Assessment Manual

April 2004

Introduction & Special Instructions

The Michigan Department of Education has developed this manual to assist local service areas in completing the self-assessment portion of their annual report. The information requested in the self-assessment is a direct result of questions the Federal Office of Special Education Programs (OSEP) is requiring for all states. Michigan is required to focus on different and more detailed data than in the past. The format of the self-assessment is linked closely to the Annual Performance Report which includes the following five cluster areas: General Supervision, Family Centered Services, Natural Environments, Public Awareness and Child Find and Transition as well as state goals.

It is suggested that you **read the entire self-assessment document** before attempting to complete. Several questions have some relationship with other questions and may require looking up information that if done once, would be more efficient for you. You may want to utilize the self-assessment file checklist to help you collect the data you will need to answer some of the self-assessment questions. Also, keep a list of files reviewed in completion of this document on file, as this list may be required during an *Early On* System Review.

Subsequent years baseline data will be automatically entered on the Michigan Electronic Grants System (MEGS) and will be taken from your target information entered this year.

Information entered onto MEGS this year will be under the “red” year heading.

Information provided on the Self-Assessment will become part of the desk review documents used during an *Early On* System Review (EOSR) process.

General Instructions

Baseline

This is the starting point or initial level against which future levels will be compared. Indicate the performance data, used to measure/assess progress, maintenance and/or compliance. In other words, what is the “effect” of your “efforts”? If you have no data related to the desired “effect”, or baseline data, you must provide an explanation as to how and when you plan to collect baseline data for this question in the future activities. You should still use “effort” data. Indicate the desired level of performance that was to be achieved in this reporting period.

Target

Provide for the next reporting period, July 1, 2004 through June 30, 2005, information on targets. A target is a desired level of performance to be reached. If your baseline data show that your baseline data is in 100% compliance and performance is acceptable, you can retain the maintenance targets.

Future Activities

Provide for the next reporting period, July 1, 2004 through June 30, 2005, information on activities to achieve the target results. If your baseline data show that you are in compliance and performance is acceptable, you should provide strategies used to maintain full compliance and continued acceptable performance. Activities need to show “effort” to achieve the desired “effect”. If you state that the target is being “maintained” the State is indicating that activities and resources are being supplied to provide the support and/or upkeep of the target.

Timelines

What will be completed within the next reporting period, July 1, 2004 through June 30, 2005? If your baseline data indicates that you are not in 100% compliance, timelines cannot exceed one year. When do you expect to have the activity completed?

Resources

Resources include staff time, materials, grants, stakeholders, other agency providers, etc. If your baseline data show that a particular question is in compliance and performance is acceptable, you will need to list resources needed to maintain full compliance and continued acceptable performance.

This self-assessment should be viewed as Performance Measurement, Improvement, and Reporting (PMIR).

State Goal: *The implementation of a comprehensive, coordinated, child find system results in the identification of all eligible infants and toddlers.*

Hint: Save often

Question 1: Based on the snapshot count from the EETRK “Summary Profile for December 1, 2003 Collection Date”, how many Part C children in your local service area were counted?

This data will be found on your EETRK “Summary Profile for December 1 Collection Date” report. This information can be found under the heading Snapshot and children counted on 12/1. Enter your figure. This is your actual count number. Press enter. After filling in this box, another box will automatically fill in the number of files you will be required to review in order to complete this self-assessment.

Question 2: Based on the snapshot count from the EETRK “Summary Profile for December 1, 2003 Collection Date” what is your percent of children identified as Part C eligible, birth to three years of age?

Baseline data is information from your EETRK “Summary Profile for December 1 Collection Date” report. This information can be found under the heading Snapshot and percent children served on 12/1 on the report. Target goal is 2.2%. You can have a higher percentage but not lower than 2.2%. Enter what your target goal is. Even if your goal is to maintain your current percentages.

Future Activities

How will you accomplish reaching your target percent? Even if your target were to maintain your current status – information in this area would reflect this. Consider how you will be working to maintain your current status. Only two activities are necessary. You will notice that the boxes are limited to 1000 characters each. While typing in your activity, the characters are automatically counted. “Maintain current activities” will not be acceptable. We need to know what activities you are doing.

Timelines

When do you expect future activities to be accomplished? You have up to 50 characters in this space.

Resources

In order to accomplish your target and future activities, what resources will you be relying on? What interagency/community partners will be working with you to achieve your target? Remember, even if you will be maintaining current status, who can you rely on for help in maintaining? Resources include people, tools, documents, data, etc. Space in this box is limited to 1000 characters also.

Question 3: Referring to the *Early On* Trend Charts (EETRK charting software), open the “% Under 1 Year Served”. Did you meet the national target of 1%? *Yes/No*
From the chart, estimate your percent of children under 1 year served. (It may help to display several additional dates as well as 12-1-03.)

Baseline data is information from your *Early On* Trend Charts and can be found using the EETRK charting software. This data is **not** on the December 1 Snapshot Report. Contact www.mi-iis.com to download the latest version of the charting software. The EETRK Button is labeled “% under one year served”. Did you meet the national target of 1% - we simply want a yes or no answer.

Baseline data will be your percentage of children served. This information can be taken from the EETRK Charting Software. Estimate your actual percentage of children under one year served from the chart into decimal points. It may be helpful to display several years for trend data. This may help you estimate the % better.

Target data will need to be completed *even if* your target would be to maintain where you currently are. Enter an estimated percentage in the target box.

Future Activities, Timelines and Resources will be filled out the same as for Question 2.

State Goal: *Effective General Supervision of the implementation of the Individuals with Disabilities Education Act, through the Lead Agency's utilization of mechanisms, results in all eligible infants, toddlers, and their families having the opportunity to received Early Intervention Services in the Natural Environment.*

Hint: Save often

Questions 4-6 relate to systemic issues. Systemic issues are barriers you have encountered to effective implementation of IDEA – Part C – not just focusing on Early Intervention Services in the Natural Environment but in the implementation of *Early On*. What is affecting your entire system? What is a barrier that you face? Is it an isolated incident or a system wide barrier to *Early On* in your local area?

Question 4: How do you identify system issues within your service area?

As the local coordinator, what resources did you use to identify any systemic issues within your service area? How do you know what issues are negatively affecting your program?

Question 5: How many systemic issues were identified? (Check as many boxes as apply, and enter the total under Baseline.)

This question asks how many system issues were identified. What were the issues relating to? Which of the issues listed are keeping your system from being more successful? Baseline data will be your total identified this year. As systemic issues are worked through from year-to-year, this number should ideally decrease. For the target, enter the number of issues you think you will face next year.

Question 6: How will your identified systemic issues be remediated?

What will be done to resolve these systemic issues?

Future activities

These could be training, awareness activities, or record review for example. Think how you will sustain staff/family learning from year to year. Only two activities are necessary. You will notice that the boxes are limited to 1000 character each. While typing in your activity, the characters are automatically counted. “Maintain current activities” will not be acceptable. We need to know what activities you are doing.

Timelines

When do you expect future activities to be accomplished? You have up to 50 characters in this space.

Resources

In order to accomplish your target from Question 5 and future activities from Question 6, what resources will you be relying on? What interagency/community partners will be working with you to achieve your target? Remember, even if you will be maintaining current status, who can you rely on for help in maintaining? Resources include people, tools, documents, data, etc. Space in this box is limited to 1000 characters also.

Question 7: How many providers/staff do you have involved in your Service Area's implementation of the local *Early On* system for each of the following classification?

This question has several different information sections.

Fill in number of Administrators you have with *Early On*.

You will need to fill in the total number of people you have doing service coordination. Once you enter the number of service coordinators you have, MEGS will automatically calculate the child to service coordinator ratio for you.

Third, what does your service provider staff look like? Who are they? People working for other agencies may be contracted by the local lead agency to fulfill a certain position.

Activities and Timelines

We are limiting space in this box to 1000 characters *or* approximately 200 words.

When do you expect future activities to be accomplished? For the timelines, you have up to 50 characters in this space.

Resources

In order to accomplish your target and future activities, what resources will you be relying on? What interagency/community partners will be working with you to achieve your target? Remember, even if you will be maintaining current status, who can you rely on for help in maintaining? Space in this box is limited to 1000 characters also.

State Goal: Family supports, services, and resources increase the family's capacity to enhance outcomes for infants, toddlers, and their families.

Hint: Save often

Question 8: What is the total membership of your Local Interagency Coordinating Council?

Refers to the total membership of your LICC.

Question 9: How many are parents of children under the age of 12 who participated in or are currently enrolled in Part C?

When you enter the baseline information on number of parent membership MEGS will automatically calculate percent of parents who are members. The collaborative requirements state that parent membership on your LICC should be at least 20%. The composition of the LICC is based on Federal Law 34 CFR §303.601, which recommends that parents on your LICC “should be parents, including minority parents, of infants or toddlers with disabilities or children with disabilities ages 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities.” Therefore, your target should be at least 20%.

Activities and Timelines

What will you be doing to increase parent membership or maintain the present level? When do you expect recruiting activities to be completed? Only two activities are necessary. You will notice that the boxes are limited to 1000 characters each. While typing in your activity, the characters are automatically counted. “Maintain current activities” will not be acceptable. We need to know what you are doing. For the timelines, space in this box is limited to 50 characters.

Resources

Who will you use to help recruit parents? Some examples could be: service providers, interagency partners, community, or public awareness.

Question 10: For each item on the following list, please indicate the quantity of each resource that **can be found** in your local directory. Also indicate the target number of listings for the indicated time period.

This question is intended to aid you in making your local resource directory meaningful to all of your families. Keep in mind that not all families will use the same resources or need to use them. Building effective communication, respect, and a good working relationship with parents and caregivers is a primary goal in designing a local directory that families can use. This directory is an opportunity for service areas and communities to implement quality support for family involvement.

For the Currently in Directory check boxes: How many in each category are in your directory?

For the Directory Target check boxes: Good resources to use in filling this out are the Chamber of Commerce, United Way, Visitor's Bureau, phone books and community partners. What other resources do you have in your local service area?

Question 11: What is your local Service Area doing to increase a family's capacity for reaching their children's outcomes and goals? (Such as learning opportunities, mentoring, resources, etc.)

What do you have in your communities for parent education?

Activities and Timelines

What will you be doing or are you doing to increase family capacity for reaching their child's outcomes and goals. You can have two activities. "Maintain current activities" will not be acceptable. We need to know what you are doing. Timelines would be when you expect the activity to be completed and space is limited to 50 characters.

Resources

Who can you count on to help with these activities? People, trainings, documents, etc. can be resources you use. Space here is limited to 1000 characters.

State Goal: Early Intervention Services are provided in the Natural Environment, and are meeting the unique needs of infants, toddlers, and their families.

Hint: Save often

Question 12: How many files did you actually review for this assessment? (Can be more than suggested.)

Even though you will automatically be prompted at the beginning of this document as to the number of files you should be reviewing for the self-assessment file review you will always have the option of reviewing more. You have the option of completing a more comprehensive file review.

Question 13: How many Individualized Family Service Plans (IFSP's) had a Service Coordinator identified?

From your file review, how many IFSP's had the service coordinator identified.

Baseline and Target

After entering your baseline data, your Target data for the next self-assessment should be 100%.

Activities and Timelines

These activities, limited to two, will be how to achieve the target of 100% or how to maintain at 100%. Timelines would be the date you expect to complete the activity. "Ongoing is not an acceptable answer."

Resources

To reach your target, or maintain the target of 100%, what training, documentation, data will be used.

Question 14: What type of Service Coordination Model(s) are you using? (You can select more than one model.)

Service Coordination Models

Definitions from Individualized Family Service Planning, EOTTA CCRESA taken from NEC*TAC.¹

Dedicated Service Coordinator -

- "The service coordinator primarily focuses on service coordination. She or he does not provide early intervention services.
- Service coordinators may be employed by an early intervention program.

- Service coordinators may be independent of the early intervention program, i.e., be employed by another agency, program, or project, or by a private provider.”

Interim, Initial, or Intake Service Coordinator -

- “The service coordinator is the single point of entry into the early intervention system.
- The initial service coordinator (not a service provider), provides intake services and facilitates all activities during the first 45 calendar days or until the IFSP meeting.
- At the IFSP meeting, initial service coordinators may be appointed as ongoing service coordinators and continue in the capacity with some families.
- If the initial service coordinator is not appointed by the family, the family selects another individual to fill the roll of service coordinator.”

Early Interventionist Service Coordinator -

- “The primary service provider also has service coordination responsibilities.
- The home visitor provides both intervention services and service coordination to a given caseload of families.
- All members of the multidisciplinary team have direct intervention responsibilities and a selected caseload of families for whom they provide service coordination.”

Interagency Service Coordinator -

- “Several different agencies may provide service coordination services to Part C eligible families.
- The person to serve as the Part C service coordinator can be selected from the agency most appropriate to meet the family’s needs and wishes.
- State and local interagency agreements or activities, such as training, assure that service coordination meets Part C requirements.”

1. Hurth, J. (1998). NEC*TAS notes: Service coordination caseloads in state early intervention systems. In Part C Updates (Issue no. 8). Chapel Hill: National Early Childhood Technical Assistance System.

Question 15: Using definitions defined in Federal Regulation 34 CFR §303.12, what is the total number of services identified on all of the IFSP’s reviewed?

Data Required

This would be an actual count of services identified from the above Federal Regulation on files reviewed for this self-assessment.

Note: Information from this Question also will be needed to answer Question 16, Question 17, and Question 18. Be sure to read ahead.

34 CFR §303.12 services as follows:

“Services that are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child’s development”

34 CFR §303.12 (d)

- (1) “Assistive technology device means any item, piece of equipment, or product system” “that is used to increase, maintain, or improve the functional capabilities of children with disabilities. Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Services include –
 - (i) evaluation;
 - (ii) purchasing, leasing or otherwise providing for the acquisition of assistive technology devices;
 - (iii) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
 - (iv) coordinating and using other therapies, interventions, or services with assistive technology devices;
 - (v) training or technical assistance for a child with disabilities or, if appropriate, that child’s family; and
 - (vi) training or technical assistance for professionals or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.
- (2) Audiology includes –
 - (i) identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
 - (ii) determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
 - (iii) referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
 - (iv) provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
 - (v) provision of services for prevention of hearing loss; and
 - (vi) determination of the child’s need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices and evaluating the effectiveness of those devices.
- (3) Family training, counseling, and home visits means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child’s development.
- (4) Health services (34 CFR §303.13) means services necessary to enable a child to benefit from the other early intervention services under this part includes –
 - (b) (1) clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services;

- (b) (2) consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.
- (c) (1) The term does not include the following: services that are
 - (i) surgical in nature
 - (ii) purely medical in nature
- (c) (2) devices necessary to control or treat a medical condition
- (c) (3) Medical-health services (such as immunizations and regular “well-baby” care) that are routinely recommended for all children.
- (5) Medical services only for diagnostic or evaluation purposes means services provided by a licensed physician to determine a child’s developmental status and need for early intervention services
- (6) Nursing services includes –
 - (i) the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
 - (ii) provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
 - (iii) administration of medications, treatments, and regimens prescribed by a licensed physician.
- (7) Nutrition services includes –
 - (i) Conducting individual assessments in –
 - (A) Nutritional history and dietary intake;
 - (B) Anthropometric, biochemical, and clinical variables;
 - (C) Feeding skills and feeding problems; and
 - (D) Food habits and food preferences;
 - (ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (d)(7)(i) of this section; and
 - (iii) Making referrals to appropriate community resources to carry out nutrition goals.
- (8) Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child’s functional ability to perform tasks in home, school, and community settings, and include –
 - (i) Identification, assessment, and intervention;
 - (ii) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
 - (iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
- (9) Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral

- organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include –
- (i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
 - (ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
 - (iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- (10) Psychological services includes –
- (iv) Administering psychological and developmental tests and other assessment procedures;
 - (v) Interpreting assessment results
 - (vi) Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
 - (vii) Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.
- (11) Service coordination services means assistance and services provided by a service coordinator to a child eligible under this part and the child's family that are in addition to the functions and activities included under Section 303.22.
- (12) Social work services includes -
- (i) Making home visits to evaluate a child's living conditions and patterns of parent-child interactions;
 - (ii) Preparing a social or emotional developmental assessment of the child within the family context;
 - (iii) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
 - (iv) Working with those problems in a child's and family's living situation that affect the child's maximum utilization of early intervention services; and
 - (v) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.
- (13) Special instruction includes –
- (i) The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
 - (ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;

- (iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and
 - (iv) Working with the child to enhance the child's development.
- (14) Speech-language pathology includes -
 - (i) Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
 - (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
 - (iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.
- (15) Transportation and related costs includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services.
- (16) Vision services means -
 - (i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
 - (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
 - (iii) Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

Question 16: How many services identified, from above, were delivered? (Goal is 100%.)

Baseline and Target

Your baseline information would be, how many of the services identified in Question 15 were actually delivered. Your target data would be 100%.

Activities and Timelines

These activities, limited to two, you deem to have the most impact to achieve the target of 100% or how to maintain at 100%. You will notice that the boxes are limited to 1000 characters each. "Maintain current activities" will not be acceptable. We need to know what activities you are doing. Timelines would be the date you expect to complete the activity and space is limited to 50 characters here.

Resources

Who or what will you be using to reach your target of 100% of services identified on IFSP's is being delivered. Space is limited here to 1000 characters.

Question 17: How many services identified as delivered in Question 16 were provided in the child's natural environment?

Please refer to the Implementation Guide to Natural Environments, November 2003 issued by the State Interagency Coordinating Council if you have any questions regarding Natural Environments. This document can be found on the MDE website at www.michigan.gov/MDE

Baseline and Target

Baseline data is how many services were delivered in the child's Natural Environment. Your Target will be 100%.

Activities and Timelines

These activities, limited to two, will be how to achieve the target of 100% or how to maintain at 100%. "Maintain current activities" will not be acceptable. We need to know what activities you are doing. Timelines would be the date you expect to complete the activity. Space is limited to 50 characters in this box.

Resources

What resources will you be using to accomplish services being delivered in the child's natural environment? Space in this box is limited to 1000 characters.

Question 18: Based on your answers to the previous two questions, there were ____ services not provided in the child's natural environment. How many have a written justification that the child's outcomes would not be met if they **were** provided in the NE?

MEGS will automatically calculate how many services were not provided in the child's natural environment. Was there a written justification on the IFSP? When the family and the team develop a plan that calls for the child to receive individualized treatment, the location selected for the services should be one that maximizes the child's and parents' opportunities to generalize learning. It is often most effective when it uses routines, materials, and people common to the family and child. Justification must address why the intervention cannot be achieved satisfactorily on an individual basis in a natural environment. Providing services for the parent (parent support groups) cannot be used as justification for providing services to the child in other than natural environments. Unacceptable justifications would be, "we operate a center program for speech services" or "school is an extension of the home environment" as examples.

Baseline and Target

Baseline data is how many written justifications were found. Target is that for every service **not** delivered in the child's natural environment, 100% have written justifications.

Activities and Timelines

These activities, limited to two, will be how to achieve the target of 100% or how to maintain at 100%. "Maintain current activities" will not be an acceptable answer. Timelines would be the date you expect to complete the activity.

Resources

What will you be using to help reach your target of 100%? Trainings, documents, books, people, etc. are resources.

Question 19: From the IFSP's reviewed, how many evaluations were performed within 45 days?

Baseline and Target

How many comprehensive evaluations were done within 45 days? Baseline data will be directly from your file reviews. Target for the coming year will be 100%.

Activities and Timelines

These activities, limited to two, will be how you expect to achieve the target of 100% or maintain at 100%. Timelines would be the date you expect to complete the activity.

Resources

What trainings, documents, staff, etc. will you use to help achieve your target?

Question 20: From the IFSP's in the files reviewed, what is the number of infants and toddlers who are making progress toward their outcomes (cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development)?

Baseline and Target

Baseline data will be directly from your file reviews. How many IFSP's show written notes on progress the child is making toward their outcomes. Target will be 100%.

Activities and Timelines

These activities, limited to two, will be how you expect to achieve the target of 100%. Timelines would be the date you expect to complete the activity. "Ongoing" is not an acceptable answer.

Resources

What resources will you be using to accomplish your target of 100%? Trainings, documents, file checklists, etc.

State Goal: All children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday.

Hint: Save often

Question 21: How many files were reviewed for transition information?

Actual number of transition files reviewed. Remember, you may always do more than the required number for this self-assessment.

Question 22: Of the files reviewed, how many include a written transition plan?

Baseline and Target

Baseline would be the actual number of written transition plans found in the files reviewed. Your target would be 100%.

Activities and Timelines

These activities, limited to two, will be how you expect to achieve the target of 100%. You will notice that the boxes are limited to 1000 characters each. While typing in your activity, the characters are automatically counted. "Maintain current activities" will not be acceptable. We need to know what activities you are doing. Timelines would be the date you expect to complete the activity and are limited to 50 characters.

Resources

What resources will you be using to help achieve the target of 100% of files will have written transition plans? Documents, trainings, people, etc. are resources. Space in this box is limited to 1000 characters.

Question 23: Of those files, on how many did transition planning begin at least 90 days prior to the child's third birthday?

Baseline and Target

Baseline would be the actual number of files that transition planning took place at least 90 days prior to child's third birthday. Target would be 100%.

Activities and Timelines

These activities, limited to two, will be how you expect to achieve the target of 100%. Timelines would be the date you expect to complete the activity.

Resources

What resources will you be using to help achieve the target that 100% of children will have transition planning at least 90 days before third birthday? Documents, trainings, people, etc.

Question 24: How many children, from the files reviewed, are transitioning to IDEA Part B?

Actual number of files reviewed where the child would be in special education after turning three years of age.

Question 25: How many children who are not Part B eligible are transitioning to each of the following services?

Actual number of files reviewed where the child is transitioning to some other place other than a special education setting. Please fill in “other” spaces if needed.